Sept.

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN		Attorney Do	cket Number	CRD-5053	
		First Named	Inventor	William L. Howat	
		COMPLETE IF KNOWN			
PATENT APPLICATION (37 CFR 1.63)	Application				
	Declaration Submitted after Initial Filing (Surcharge	Filing Date			
(37 CFR 1.16	(e)) required)	Group Art U	Init		
			ame		
As a below named inventor, I hereby declare t	hat:				
My residence, mailing address, and citizenship an I believe I am the original, first and sole inventor (plural names are listed below) of the subject matt entitled:	if only one nam	ne is listed bel	ow) or an origir		
PROSTHESIS GRAFT WITH Z PLEATING (Title of the Invention)					
the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Country Number(s)		Filing Date D/YYYY)	Priority Not Claime	d Certified Copy d Attached? YES NO	
Additional foreign application numbers are li	tod on a cur-	omostel suici		TO(SP M3P offsets of 5 and 5	

DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C	C. 119(e) of any United States provisional a	application(s) listed below.			
Application Number(s)	Filing Date (MM/DD/YYYY)				
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
I haraby daim the hanafit under Title 35 11	nited States Code, \$120 of any Linited State	a application(a) listed below and incofer as			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
Application Serial No.	Filing Date	Status			
		Patented Patented Patented			
I hereby appoint:					
		Place Customer			
Practitioners at Customer Number	000027777 →	Number Bar Code			
	<u></u>	Label Here			
AND					
Practitioner(s) named below: Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Address all telephone calls to Carl J. Evens at telephone number (732) 524-2518.					
Customer Number Direct all correspondence to:					
Name:					
Address:					
Address:					
City:	State:	ZIP			
Country	Telephone:	Fax:			

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I her by d clar that all statem nts mad h r in of my own knowledg are tru and that all stat ments mad on information and belifar blived to be tru; and furth r that thes stat mints wire mad with the knowledg that willful false stat in ints and thill lik so mad ar punishabl by fin or imprisonmint, or both, und r 18 U.S.C. 1001 and that such willful false statements may jopardiz tho validity of the application or any patint issued th r on. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name or Surname (first and middle [if any]) William L. Howat Inventor's Signature Date Residence: City Weston State FL Country U.S.A. Citizenship U.S.A. Mailing Address 4267 Magnolia Ridge Drive **ZIP** 33331 State FL Country U.S.A. City Weston I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name Given Name** (first and middle [if any]) Tara or Surname Schaneville chanenth 11/24/03 Inventor's Signature Date Residence: City Tampa State FL Country U.S.A. Citizenship U.S.A. Mailing Address 501 Knights Run Avenue, #1310 State FL ZIP 33602 City Tampa Country U.S.A.

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		First Named	Inventor	William L. Howat	
	TY OR DESIGN		COMPLETE IF KNOWN		
PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with Declaration Submitted after Initial Filing OR Initial Filing (Surcharge		Application N			
		ırcharge	Filing Date	: .	
-	(37 CFR 1.16(e)		Group Art U	nit	
			Examiner Na	ame	
As a below named inventor,	I hereby declare that	t:			
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
PROSTHESIS GRAFT WITH Z PLEATING (Title of the Invention)					
the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached? YES NO
Additional forcing and line	stion numbers are list-	donosus	omontolii		TO/SB/02B attached hereto:

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Application Number(s)	 119(e) of any United States provisional a Filing Date (MM/DD/YYYY) 	pplication(s) listed below.
Application Number(s)	Filling Date (MINI/DD/TTTT)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
as the subject matter of each of the claims provided by the first paragraph of Title 35, I defined in Title 37, Code of Federal Regula national or PCT international filing date of t		r United States application in the manner e duty to disclose material information as filing date of the prior application and the
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint: Practitioners at Customer Number AND	000027777 →	Place Customer Number Bar Code Label Here
Practitioner(s) named below: Name as my/our attorney(s) or agent(s) to prose	Registration Number ecute the application identified above, and	to transact all business in the United
States Patent and Trademark Office conr		
Address all telephone calls to Carl J. Evens at te	elephone number (732) 524-2518.	
	mer Number Code Label 000027777 OR	☐ Correspondence address below
Name:		
Address:		
Address:		
City:	State:	ZIP
	Telephone:	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) William L or Surname Howat Inventor's 11/18/03 Date Signature State FL Country U.S.A. Citizenship U.S.A. Residence: City Weston Mailing Address 4267 Magnolia Ridge Drive **ZIP** 33331 Country U.S.A. City State FL Weston I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Tara or Surname Schaneville Inventor's Signature **Date** State FL Country U.S.A. Citizenship U.S.A. Residence: City Tampa Mailing Address 501 Knights Run Avenue, #1310 City State FL **ZIP** 33602 Country U.S.A. Tampa